

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

COMMITTEE TO ELECT ROBERT CONAWAY

ADDRESS (number and street)

12127 MALL BLVD A 363

Check if different  
than previously  
reported. (ACC)

VICTORVILLE

CA

92392

2. FEC IDENTIFICATION NUMBER ▼

C 00560656

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT

NEW  
(N)

OR

AMENDED  
(A)

CA

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

X General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11/04/2014

in the  
State of

CA

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

11/04/2014

in the  
State of

CA

5. Covering Period

10/01/2014

through

10/15/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JACQUESE L. CONAWAY

Signature of Treasurer

*Jaquese Conaway*

Date

10/22/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)